


CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (Rev. 5/99)

1. CIR./DIST./ DIV. CODE HIXH0		2. PERSON REPRESENTED JOEL BUENTIPO CASTILLO		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER CRIMINAL NO. 05-00321 SOM		5. APPEALS DKT./DEF. NUMBER	
6. OTHER DKT. NUMBER					
7. IN CASE/MATTER OF (Case Name) USA vs. Joel Buentipo Castillo		8. PAYMENT CATEGORY <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input checked="" type="checkbox"/> Appeal		9. TYPE PERSON REPRESENTED <input type="checkbox"/> Adult Defendant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Other <input checked="" type="checkbox"/> Appellant <input type="checkbox"/> Appellee	
10. REPRESENTATION TYPE (See Instructions)					
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i>					
1. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS DEANNA DOTSON (# 7649) P.O. BOX 700953 KAPOLEI, HAWAII 96709-0953 Telephone Number : (808) 391-7308			13. COURT ORDER <input type="checkbox"/> O Appointing Counsel <input type="checkbox"/> F Subs For Federal Defender <input checked="" type="checkbox"/> X P Subs For Panel Attorney <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Appointment _____ REGINAL MINN. ESO. <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR  _____ Signature of Presiding Judicial Officer or by Order of the Court FEBRUARY 21, 2006 Date of Order Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO		
1. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per					
CLAIM FOR SERVICES AND EXPENSES					
CATEGORIES (Attach itemization of services with dates)			HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH. ADJUSTED HOURS
15. In					
a. Arraignment and/or Plea					
b. Bail and Detention Hearings					
c. Motion Hearings					
d. Trial					
e. Sentencing Hearings					
f. Revocation Hearings					
g. Appeals Court					
h. Other (Specify on additional sheets)					
(RATE PER HOUR = \$ 90.00) TOTALS:					
16. Out of					
a. Interviews and Conferences					
b. Obtaining and reviewing records					
c. Legal research and brief writing					
d. Travel time					
e. Investigative and other work (Specify on additional sheets)					
(RATE PER HOUR = \$ 90.00) TOTALS:					
17. Travel Expenses (lodging, parking, meals, mileage, etc.)					
18. Other Expenses (other than expert, transcripts, etc.)					
GRAND TOTALS (CLAIMED AND ADJUSTED):					
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM: _____ TO: _____			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney _____ Date _____					
APPROVED FOR PAYMENT — COURT USE ONLY					
23. IN COURT COMP.		24. OUT OF COURT COMP.		25. TRAVEL EXPENSES	
26. OTHER EXPENSES		27. TOTAL AMT. APPR./CERT.			
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER				DATE	
				28a. JUDGE/MAG. JUDGE CODE	
29. IN COURT COMP.		30. OUT OF COURT COMP.		31. TRAVEL EXPENSES	
32. OTHER EXPENSES		33. TOTAL AMT. APPROVED			
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) <i>Payment approved in excess of the statutory threshold amount.</i>				DATE	
				34a. JUDGE CODE	

UNITED STATES DISTRICT COURT

DISTRICT OF HAWAII
300 ALA MOANA BLVD. RM C-209
HONOLULU, HAWAII 96850

KEVIN S.C. CHANG
UNITED STATES MAGISTRATE JUDGE

TELEPHONE: (808) 541-1308
FAX: (808) 541-3519

February 21, 2006

DeAnna Dotson, Esq.
P.O. Box 700953
Kapolei, Hawaii 96709-0953

Re: USA vs. Joel Buentipo Castillo
Criminal No. 05-00321 SOM

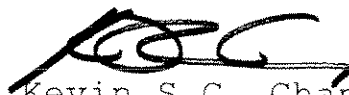
Dear Ms. Dotson:

Thank you for accepting the appointment to represent Joel Buentipo Castillo.

Enclosed are the appointment voucher, worksheet and instructions for your use.

As a reminder, any withdrawal and substitution of counsel, whether the substitute counsel is a panel attorney or a retained attorney, must have the prior approval of the Court of Appeals for the Ninth Circuit.

Sincerely,



Kevin S.C. Chang
United States Magistrate Judge

KSC:waa

Enclosures

cc: Federal Public Defender's Office